EDMUND G. BROWN JR., Attorney General
of the State of California
FRANK H. PACOE
Supervising Deputy Attorney General
CHAR SACHSON, State Bar No. 161032
Deputy Attorney General
California Department of Justice
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 703-5558
Facsimile: (415) 703-5480

Attorneys for Complainant

BEFORE THE
DEPARTMENT OF CONSUMER AFFAIRS
FOR THE DENTAL BUREAU OF CALIFORNIA
STATE OF CALIFORNIA

In the Matter of the Amended Accusation Against: Sang-Hyuk "Sean" Park 3040 Park Ave. Suite H Merced, CA 95348 Dentist License No. 47654 Respondent.	Case No. DBC 2007-22 **AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Cathleen J. Poncabare (Complainant) brings this Amended Accusation solely in her official capacity as the Executive Officer of the Dental Bureau of California, Department of Consumer Affairs.

2. On or about August 7, 2000, the Dental Board of California issued Dentist license Number 47654 to Sang-Hyuk Park (Respondent). The Dentist license was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2009, unless renewed.

JURISDICTION

3. This Amended Accusation is brought before the Dental Bureau of California (Bureau), Department of Consumer Affairs, under the authority of the following laws.

All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 1670 states:

"Any licentiate may have his license revoked or suspended or be reprimanded or be placed on probation by the board for unprofessional conduct, or incompetence, or gross negligence, or repeated acts of negligence in his or her profession, or for the issuance of a license by mistake, or for any other cause applicable to the licentiate provided in this chapter. The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein."

5. Section 1680 states:

"Unprofessional conduct by a person licensed under this chapter [Chapter 4 (commencing with section 1600)] is defined as, but is not limited to, any one of the following:

"(a) The obtaining of any fee by fraud or misrepresentation.

. . .

"(c) The aiding or abetting of any unlicensed person to practice dentistry.

"(d) The aiding or abetting of a licensed person to practice dentistry unlawfully.

. . .

"(m) The violation of any of the provisions of law regulating the procurement, dispensing, or administration of dangerous drugs, as defined in Article 7 (commencing with Section 4211) of Chapter 9, or controlled substances, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.

"(n) The violation of any of the provisions of this division.

. . .

"(p) The clearly excessive prescribing or administering of drugs or treatment, or the clearly excessive use of diagnostic procedures, or the clearly excessive use of diagnostic or treatment facilities, as determined by the customary practice and standards of the dental profession.

"Any person who violates this subdivision is guilty of a misdemeanor and shall be

punished by a fine of not less than one hundred dollars ($100) or more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days or more than 180 days, or by both a fine and imprisonment.

. . .

(ff) The prescribing, dispensing, or furnishing of dangerous drugs or devices, as defined in Section 4022, in violation of Section 2242.1."

6. Section 1685 states:

"In addition to other acts constituting unprofessional conduct under this chapter [chapter 4 (commencing with section 1600)], it is unprofessional conduct for a person licensed under this chapter to require, either directly or through an office policy, or knowingly permit the delivery of dental care that discourages necessary treatment or permits clearly excessive treatment, incompetent treatment, grossly negligent treatment, repeated negligent acts, or unnecessary treatment, as determined by the standard of practice in the community."

7. Section 810 of the Code states:

"(a) It shall constitute unprofessional conduct and grounds for disciplinary action, including suspension or revocation of a license or certificate, for a health care professional to do any of the following in connection with his or her professional activities:

(1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.

(2) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any false or fraudulent claim.

"(b) It shall constitute cause for revocation or suspension of a license or certificate for a health care professional to engage in any conduct prohibited under Section 1871.4 of the Insurance Code or Section 549 or 550 of the Penal Code.

. . .

(4) Nothing in this subdivision shall preclude a board from suspending or revoking a license or certificate pursuant to any other provision of law.

(5) "Board," as used in this subdivision, means the Dental Board of California,

the Medical Board of California, the Board of Psychology, the State Board of Optometry, the California State Board of Pharmacy, the Osteopathic Medical Board of California, and the State Board of Chiropractic Examiners.

. . .

"(d) As used in this section, health care professional means any person licensed or certified pursuant to this division, or licensed pursuant to the Osteopathic Initiative Act, or the Chiropractic Initiative Act.

8. Section 550 of the Penal Code states:

"(a) It is unlawful to do any of the following, or to aid, abet, solicit, or conspire with any person to do any of the following:

"(1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss or injury, including payment of a loss or injury under a contract of insurance.

"(2) Knowingly present multiple claims for the same loss or injury, including presentation of multiple claims to more than one insurer, with an intent to defraud.

. . .

"(5) Knowingly prepare, make, or subscribe any writing, with the intent to present or use it, or to allow it to be presented, in support of any false or fraudulent claim.

"(6) Knowingly make or cause to be made any false or fraudulent claim for payment of a health care benefit.

"(7) Knowingly submit a claim for a health care benefit that was not used by, or on behalf of, the claimant.

"(8) Knowingly present multiple claims for payment of the same health care benefit with an intent to defraud.

. . .

"(b) It is unlawful to do, or to knowingly assist or conspire with any person to do, any of the following:

"(1) Present or cause to be presented any written or oral statement as part of, or in support of or opposition to, a claim for payment or other benefit pursuant to an insurance policy,

knowing that the statement contains any false or misleading information concerning any material fact.

"(2) Prepare or make any written or oral statement that is intended to be presented to any insurer or any insurance claimant in connection with, or in support of or opposition to, any claim or payment or other benefit pursuant to an insurance policy, knowing that the statement contains any false or misleading information concerning any material fact.

. . .

9. Section 118, subdivision (b), of the Code provides that the expiration of a license shall not deprive the Bureau of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

10. Section 125.3, subdivision (a), states, in pertinent part: "Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department . . . . upon request of the entity bringing the proceedings may request the administrative law judge may direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case."

FACTUAL BACKGROUND

11. Kyon Maung Teo and his wife Kin Thor Pang own three dental clinics known as "Hatch Dental." The clinics are located in Modesto, Ceres and Stockton.

12. The dentists employed by Dr. Teo at Hatch Dental were instructed by Dr. Teo to perform very aggressive dentistry. Dr. Teo paid them 25 percent of the insurance proceeds received by Hatch Dental for the work they performed. These commissions provided an incentive to perform unnecessary dental procedures of poor quality, including unnecessary fillings. It was not uncommon for a patient to walk out of Hatch Dental with 20 or more unnecessary fillings. To help increase billings, dental assistants were instructed to perform procedures such as prophylaxes and to use cavitrons, which lawfully can only be performed by licensed dentists and dental hygienists under certain situations.

13. The Hatch clinic staff was trained to fabricate periodontal charts and

prepare Treatment Authorization Requests (TARs) to obtain Denti-Cal reimbursement for services based on the fabricated charts. Claims were also submitted for visits that never occurred and for non-existent procedures purportedly performed during the fabricated office visits. Insurance billing clerks were docked a dollar from their paycheck for each "mistake" they made.

14. Respondent worked at Hatch Dental from January 9, 2001 to April 30, 2001.

PATIENT E.G.

15. Patient E.G.[1] was seen at Hatch Dental in Modesto, California, on or about April 16, 2001. E.G. presented as a healthy 11 year old male patient with mixed dentition (primary or baby teeth, along with adult teeth) and two previous restorations. X-rays taken on April 16, 2001 indicate normal healthy dentition with no evidence of caries.

16. On April 16, 2001, according to his treatment notes, Respondent performed an examination, a cleaning, ordered full mouth x-rays, and placed 11 silver amalgam restorations on seven newly erupted adult teeth (tooth numbers 3, 12, 14, 18, 19, 30 and 31) in a single visit. Five of those teeth were adult virgin teeth. 11 amalgam restorations were not clinically indicated[2]. E.G.'s mother was advised that only two fillings were necessary on April 16, 2001. Several months after visiting Hatch Dental, E.G.'s fillings fell out.

17. The following information was not noted in E.G.'s chart.

a. A thorough head and neck examination;

b. Assessment of the patient's oral hygiene, periodontal health, type of occlusion and past dental history;

c. Notation of treatment planning rationale, presentation and justification to the patient and his guardian, prior to Respondent's

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1. Patient initials are used herein for privacy purposes. The names of the patients referenced will be released pursuant to a request for discovery.

2. Amalgam fillings must extend further into the tooth than composite fillings. Accordingly, the dentist must drill into the tooth at least 1.5 to 2 mm in order to properly place an amalgam filling.

treatment.

d. Two of the four required bite-wing x-rays were absent from E.G.'s file.

FIRST CAUSE FOR DISCIPLINE

(GROSS NEGLIGENCE)

18. Respondent is subject to disciplinary action under section 1670, in that he was grossly negligent. The circumstances are as follows:

a. Respondent was grossly negligent when he failed to include information in E.G.'s chart as specified in paragraph 17 a. through d. above.

b. Respondent was grossly negligent when he placed 11 silver amalgam restorations in seven adult teeth (five of which were virgin adult teeth) in one visit on April 16, 2001.

c. Respondent was grossly negligent in that he over-treated patient E.G. on April 16, 2001.

d. Respondent was grossly negligent in that he failed to review all radiographs before diagnosing and treating E.G.

e. Respondent was grossly negligent in that he placed silver amalgam restorations when there was no clinical indication for doing so, thus permanently compromising or injuring adult teeth.

SECOND CAUSE FOR DISCIPLINE

(INCOMPETENCE)

19. Respondent is subject to disciplinary action under section 1670, in that he was incompetent. The circumstances are as follows:

a. Respondent was incompetent when he failed to include information in E.G.'s chart as specified in paragraph 17 a. through d. above.

b. Respondent was incompetent when he placed 11 silver amalgam restorations in seven adult teeth (five of which were virgin adult teeth) in one visit on April 16, 2001.

c. Respondent was incompetent in that he over-treated patient E.G. on April 16, 2001.

d. Respondent was incompetent in that he failed to review all radiographs before diagnosing and treating E.G.

e. Respondent was incompetent in that he placed silver amalgam restorations when there was no clinical indication for doing so, thus permanently compromising or injuring adult teeth.

THIRD CAUSE FOR DISCIPLINE

(REPEATED NEGLIGENCE)

20. Respondent is subject to disciplinary action under section 1670, in that he was repeatedly negligent. The circumstances are as follows:

a. Respondent was repeatedly negligent when he failed to include information in E.G.'s chart as specified in paragraph 17 a. through d. above.

b. Respondent was repeatedly negligent when he placed 11 silver amalgam restorations in seven adult teeth (five of which were virgin adult teeth) in one visit on April 16, 2001.

c. Respondent was repeatedly negligent in that he over-treated patient E.G. on April 16, 2001.

d. Respondent was repeatedly negligent in that he failed to review all radiographs before diagnosing and treating E.G.

e. Respondent was repeatedly negligent in that he placed silver amalgam restorations when there was no clinical indication for doing so, thus permanently compromising or injuring adult teeth.

FOURTH CAUSE FOR DISCIPLINE

(EXCESSIVE TREATMENT)

21. Respondent is subject to disciplinary action under section 1680(p), in that he rendered excessive treatment to his patient E.G. The circumstances are as follows:

a. Respondent rendered excessive treatment when he placed 11 silver

amalgam restorations in seven adult teeth (five of which were virgin adult teeth) in one visit on April 16, 2001.

b. Respondent rendered excessive treatment in that he over-treated patient E.G. on April 16, 2001.

c. Respondent rendered excessive treatment in that he placed silver amalgam restorations when there was no clinical indication for doing so, thus permanently compromising or injuring adult teeth.

PATIENT L.G.

22. Patient L.G. was seen by Respondent at Hatch Dental in Modesto, California, on January 30, 2001 and again on February 8, 2001. He presented as a 69 year old male complaining of his gums.

23. On January 30, 2001, according to his treatment notes, Respondent placed four silver amalgam restorations on four teeth, and performed a surgical extraction of one tooth (tooth 32). On February 8, 2001, according to his treatment notes, Respondent placed 17 silver amalgam restorations on 11 teeth, and 12 composite restorations on 4 teeth (29 surfaces total). No existing restorations or pathology were noted. Respondent diagnosed a need for four quadrants of root planing[3], although there is no evidence that his periodontal pocket depths were measured by Respondent. Although L.G. was 69 years old, there was no information regarding his medical history, dental history, or medications. As of September 12, 2005, 14 of the 29 restorative surfaces claimed to have been done by Respondent were not present in L.G.'s teeth, indicating that the restorations were never placed, or had fallen out.

24. One of the four teeth that received amalgam restorations on January 30,

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3. Root scaling and root planing (also called subgingival curettage) are the meticulous removal of plaque and calculus (tartar) from tooth surfaces around and below the gum line and smoothing the root surfaces. In order for Denti-Cal to pre-authorize payment for root scaling and planing, patients must have generalized pocket depths within the range of more than 4-5mm and a minimum of 4 isolated pockets over 5mm in depth. This procedure is usually performed with local anesthesia. Root planing and scaling can introduce harmful bacteria into the bloodstream, and cause infection for patients at risk for infection.

2001 was tooth 19. According to the x-rays, tooth 19 was severely infected and not likely restorable. No treatment was rendered for the infection in tooth 19. The other three teeth that were restored on January 30, 2001 showed no radiographic evidence of caries that penetrated the dento-enamel junction. There was no evidence that tooth 32 required extraction.

25. Radiographs of three of the 15 teeth restored on February 8, 2001 (teeth 3, 14 and 15) indicated that they were unrestorable due to severe to advanced periodontal disease and bone loss. By September 12, 2005, L.G. had lost teeth 14 and 15 which further suggests that these teeth were not restorable with silver amalgam restorations.

26. The following information was not noted in L.G.'s chart.

a. Indication of a thorough head and neck examination;

b. Chief complaint and reason for visit;

c. Dental charting indicating existing restorations and pathology;

d. Indication of medical and dental history review;

e. Assessment of the patient's oral hygiene, periodontal health and habits, periodontal measurements and type of occlusion;

f. Notation of pathology that justifies the aggressive treatment plan suggested by Respondent on L.G.'s January 30, 2001 and February 8, 2001 visits;

g. Notation of blood pressure and vital signs prior to performing dental surgery.

h. Notation regarding any use of dental anesthesia or drugs administered prior to the extraction of L.G.'s tooth;

i. Notation regarding the reason for the extraction of L.G.'s tooth, the manner in which the surgery was executed, and post-operative instructions given.

SIXTH CAUSE FOR DISCIPLINE

(GROSS NEGLIGENCE)

27. Respondent is subject to disciplinary action under section 1670, in that he

was grossly negligent. The circumstances are as follows:

a. Respondent was grossly negligent when he failed to include information in L.G.'s chart as specified in paragraph 26 a. through i. above.

b. Respondent was grossly negligent when he placed four silver amalgam restorations on four teeth on January 30, 2001 without evidence of caries that extended into the dento-enamel junction.

c. Respondent was grossly negligent in that he over-treated patient L.G. on January 30, 2001.

d. Respondent was grossly negligent in that he extracted tooth 32 on January 30, 2001 when there was no clinical indication for the extraction.

e. Respondent was grossly negligent in that he performed amalgam restorations and a surgical extraction without providing anesthesia to the patient on January 30, 2001.

f. Alternatively, if Respondent did provide anesthesia, the failure to document the drug and the dosage constitutes gross negligence.

g. Respondent was grossly negligent in that he performed restorations on January 30, 2001 when there was no clinical indication for doing so, thus permanently compromising or injuring adult teeth.

h. Respondent was grossly negligent in that on February 8, 2001, he restored an infected and unrestorable tooth, tooth 19, failed to treat the infection, and failed to inform L.G. about the periodontal infection in tooth 19 and in the posterior dentition.

i. Respondent was grossly negligent in that he restored three unrestorable teeth on February 8, 2001 (teeth 3, 14 and 15).

SEVENTH CAUSE FOR DISCIPLINE

(INCOMPETENCE)

28. Respondent is subject to disciplinary action under section 1670, in that he was incompetent. The circumstances are as follows:

a. Respondent was incompetent when he failed to include

information in L.G.'s chart as specified in paragraph 26 a. through i. above.

b. Respondent was incompetent when he placed four silver amalgam restorations on four teeth on January 30, 2001 without evidence of caries that extended into the dento-enamel junction.

c. Respondent was incompetent in that he over-treated patient L.G. on January 30, 2001.

d. Respondent was incompetent in that he extracted tooth 32 on January 30, 2001 when there was no clinical indication for the extraction.

e. Respondent was incompetent in that he performed restorations and a surgical extraction without providing anesthesia to the patient on January 30, 2001.

f. Alternatively, if Respondent did provide anesthesia, the failure to document the drug and the dosage constitutes incompetence.

g. Respondent was incompetent in that he performed restorations on January 30, 2001 when there was no clinical indication for doing so, thus permanently compromising or injuring adult teeth.

h. Respondent was incompetent in that on February 8, 2001, he restored an infected and unrestorable tooth, tooth 19, failed to treat the infection, and failed to inform L.G. about the periodontal infection in tooth 19 and in the posterior dentition.

i. Respondent was incompetent in that he restored three unrestorable teeth on February 8, 2001 (teeth 3, 14 and 15).

EIGHTH CAUSE FOR DISCIPLINE

(REPEATED NEGLIGENCE)

29. Respondent is subject to disciplinary action under section 1670, in that he was repeatedly negligent. The circumstances are as follows:

a. Respondent was repeatedly negligent when he failed to include information in L.G.'s chart as specified in paragraph 27 a. through i. above.

b. Respondent was repeatedly negligent when he placed four silver amalgam restorations on four teeth on January 30, 2001 without evidence of caries that extended

into the dento-enamel junction.

c. Respondent was repeatedly negligent in that he over-treated patient L.G. on January 30, 2001.

d. Respondent was repeatedly negligent in that he extracted tooth 32 on January 30, 2001 when there was no clinical indication for the extraction.

e. Respondent was repeatedly negligent in that he performed restorations and a surgical extraction without providing anesthesia to the patient on January 30, 2001.

f. Alternatively, if Respondent did provide anesthesia, the failure to document the drug and the dosage constitutes repeated negligence.

g. Respondent was repeatedly negligent in that he performed restorations on January 30, 2001 when there was no clinical indication for doing so, thus permanently compromising or injuring adult teeth.

h. Respondent was repeatedly negligent in that on February 8, 2001, he restored an infected and unrestorable tooth, tooth 19, failed to treat the infection, and failed to inform L.G. about the periodontal infection in tooth 19 and in the posterior dentition.

i. Respondent was repeatedly negligent in that he restored three unrestorable teeth on February 8, 2001 (teeth 3, 14 and 15).

NINTH CAUSE FOR DISCIPLINE

(EXCESSIVE TREATMENT)

30. Respondent is subject to disciplinary action under section 1680(p), in that he rendered excessive treatment to his patient L.G. The circumstances are as follows:

a. Respondent rendered excessive treatment when he placed four silver amalgam restorations on four teeth on January 30, 2001 without evidence of caries that extended into the dento-enamel junction.

b. Respondent rendered excessive treatment in that he over-treated patient L.G. on January 30, 2001.

c. Respondent rendered excessive treatment in that he extracted tooth

32 on January 30, 2001 when there was no clinical indication for the extraction.

d. Respondent rendered excessive treatment in that he performed restorations on January 30, 2001 when there was no clinical indication for doing so, thus permanently compromising or injuring adult teeth.

e. Respondent rendered excessive treatment in that on February 8, 2001, he restored an infected and unrestorable tooth, tooth 19, failed to treat the infection, and failed to inform L.G. about the periodontal infection in tooth 19 and in the posterior dentition.

f. Respondent rendered excessive treatment in that he restored three unrestorable teeth on February 8, 2001 (teeth 3, 14 and 15).

TENTH CAUSE FOR DISCIPLINE

(INSURANCE FRAUD)

31. Respondent is subject to disciplinary action under sections 1680(a), 810(a)(1), 810(a)(2), and/or Penal Code section 550 in that he committed insurance fraud.

a. Respondent conspired to commit, aided, abetted, and/or committed insurance fraud when he ordered, recommended, submitted or caused to be submitted a treatment authorization request for four quadrants of root scaling and/or root planing without having actually and/or accurately measured L.G.'s periodontal pocket depths.

MATTERS IN AGGRAVATION

32. Respondent worked at Hatch Dental, owned by Kyon M. Teo, DDS, from January 9, 2001 until April 30, 2001. While working at Hatch Dental, Respondent earned the nickname "Speedy Gonzales" because he could perform more dental procedures on more patients in a shorter amount of time than any of the other Hatch dentists. While working at Hatch Dental, Respondent was aware of illegal practices such as office staff writing periodontal pocket depths in patients' charts (when the patients' pocket depths had not actually been measured). He was aware that this practice was used for the fraudulent submission of Treatment Authorization Requests to Denti-Cal for root scaling and root planing procedures.

33. Respondent was also aware that Hatch Dental was billing for prophylaxis

that was not provided to patients. Respondent was aware that dental assistants at Hatch performed duties that they were not certified to do, such as performing prophylaxis, using cavitrons[4], and performing coronal polishing on patients.

34. Respondent was aware the office manager at Hatch Dental directed office staff to call prescriptions into pharmacies which had not actually be ordered by a dentist.

35. As Respondent spent more time at Hatch Dental, he started to suspect that the owner was committing insurance fraud and stealing from employees and patients. Yet, Respondent continued working at Hatch Dental until he was terminated for questioning his pay checks.

36. Hatch Dental paid Respondent 25% of all of Respondent's Denti-Cal billings. From January 9, 2001 to April 30, 2001, Respondent earned $83,556.11 from Hatch Dental. (An average of approximately $250,000.00 annually.)

Productivity Logs

37. During the time of Respondent's employment with Hatch Dental, productivity logs were maintained which documented the work Respondent performed. The productivity logs formed the basis of Respondent's pay (25% of Denti-Cal and insurance billings).

38. While Respondent worked at Hatch Dental, he charted, documented, billed, submitted claims for and/or accepted payment for dental work done that was in excess of what could reasonably be accomplished by a competent dentist.[5] The following are examples of

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4. A dental tool that uses high frequency ultrasonic waves to clean teeth.

5. In order to properly place a restoration, a dentist must review the patient's chart, review the chief complaint, review the medical and dental history, determine the treatment plan, obtain consent from the patient, or the parent if the patient is a minor, administer anesthetic, wait 5 to 10 minutes for the anesthetic to take effect (during which time the dentist may work on another patient), place a rubber dam if necessary, remove existing decay from the tooth using a drill and water spray, rinse the tooth, place the restoration as indicated, shape and polish the restoration, check the occlusion, and show it to the patient. This process requires approximately ten minutes per surface. If there are several restorations to be done on one tooth, it might be

the work performed on certain dates, and a description of work done on certain patients. The following is not inclusive, but merely exemplar, and establishes a pattern and practice of over-treating and/or over-billing:

- For February 8, 2001, Respondent was paid for performing 128 restorations. Patient L.G. had 29 restorations on that date. Patient M.S. had 15 restorations on that date.
- For February 21, 2001, Respondent was paid for performing 155 restorations. Patient I.H. had 22 restorations on that date (Patient I.H. returned on March 6, 2001 for 6 additional restorations). Patient S.G. had 18 restorations on that date.
- For March 6, 2001, Respondent was paid for performing 117 restorations. Patient A. had 25 restorations on that date. Patient A.H. had 15 restorations on that date.
- For March 13, 2001, Respondent was paid for performing 132 restorations. Patient M.C. had 19 restorations on that date.
- For March 14, 2001, Respondent was paid for performing 160 restorations. Patient V.C. had 22 restorations on that date. Patient M.D. had 19 restorations on that date.
- For March 22, 2001, Respondent was paid for performing 121 restorations. Patient R.G. had 19 restorations on that date. Patient M.T. had 18 restorations on that date.
- For March 27, 2001, Respondent was paid for performing 147 restorations. Patient C.S. had 26 restorations on that date. Patient I.S. had 26 restorations on that date.
- For March 28, 2001, Respondent was paid for performing 166 restorations. Patient V.G. had 25 restorations on that date.
- For April 14, 2001, Respondent was paid for performing 156 restorations. Patient J.P. had 36 restorations done on that date. Patient S.P. had 25 restorations done on that date.
- For April 23, 2001, Respondent was paid for performing 148 restorations. One patient, A.A., had 36 restorations done on that date. Patient J.P. (the same J.P. who had 36 restorations on April 14, 2001) had 22 restorations on that date.

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possible to do them simultaneously. Accordingly, even in the most efficient circumstances, if a dentist works ten hours per day (taking no lunch break), he or she can perform approximately 60 restorations per day (six per hour, multiplied by a ten hour day) at most.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Dental Bureau of California issue a decision:

1. Revoking or suspending Dentist license Number 47654, issued to Sang-Hyuk Park.

2. Ordering Sang-Hyuk "Sean" Park to pay the Dental Bureau of California the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Taking such other and further action as deemed necessary and proper.

DATED: 11.07.08

CATHLEEN J. PONCABARE
Executive Officer
Dental Bureau of California
Department of Consumer Affairs
State of California
Complainant

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